

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/566596** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1	1			
2		2		1		
3		3		1		
4		4		1		
5		5		1		
6		6		1		
7		7		1		
8		8		1		
9		9		1		
10		10		1		
11		11		1		
12	1		1			
13		13		1		
14		14		1		
15		15		1		
16		16		1		
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18	1					
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50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		15	←		←
TOTAL CLAIMS			17			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						